

**Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-4768 Phone: (775) 684-5705

KRut 09/17/13



#2344

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Fax: (775) 684-5718 Website: www.nvsos.gov

## State of Nevada **Committee for Political Action** (PAC)

**Registration Form** Page 1

New Registration	PAC (Advocating Passage or Defeat	PAC (Advocating Passage or Defeat of a Ballot Question)	
Annual (Due on or before	e January 15th of <u>each</u> year; NRS 294A.230	0(3)(b))	
Amended Registration: check all that apply	Change Officers Change Re	egistered Agent Change Address	
	Change Name		
	Previous Name of PAC		
	Other:		
Name of Committee: Grumpy Cat PAC		Telephone: 702-292-3819	
Mailing Address: 150 S. Highway 160, Ste8-354	Pahrump	NV 89048	
Street Name, Number	City	State Zip Code	
	uant to NRS 294A.240, each PAC must app .020, who must be a natural person who res		
Name of Registered Agent: Ariana Velasquez		Telephone: 702-292-3819	
Physical Address: 5741 Ingleside Street	North Las Vegas	NV 89081	
Street Name, Number	City	State Zip Code	
REGISTERED AGENT ACCE Committee for Political Action.	PTANCE: I hereby accept appointment as	Registered Agent for the above-named	
x az	Date 9/17	e: 7/2013	
Signature of Registered Agent			



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## **Committee for Political Action** (PAC)

Registration Form

Date:

9/17/2013

702-292-3819

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary). Telephone: Officer Name and Title: 702-292-3819 Ana Velasquez, President Mailing Address: Pahrump 150 S. Highway 160, Ste8-354 Zip Code City Street Name, Number Telephone: Officer Name and Title: Mailing Address: State Zip Code Street Name, Number Telephone: Officer Name and Title: Mailing Address: State Zip Code Street Name, Number Telephone: Officer Name and Title: Mailing Address: Zip Code State City Street Name, Number AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary). Telephone: Name of Organization: Mailing Address: Zip Code State Street Name, Number Telephone: Name of Organization: Mailing Address: State Zip Code Street Name, Number Telephone: Name of Organization: Mailing Address: Zip Code State City Street Name, Number SUBMITTED BY: Telephone:

Printed Name:

Ariana Velasquez

Signature of Representative of Group